

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R-C 01/13/2016
NAME OF PROVIDER OR SUPPLIER WILSON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 MARTIN LUTHER KING JR. PARKWAY WILSON, NC 27893		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments Report of a Follow-up Complaint survey by Frank Strickland on 01/13/2016: The follow-up survey revealed that all deficiencies have not been corrected and corrective action is required. Therefore, a new Plan of Correction is required.	{C 000}		
{C 166}	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the facility in a clean manner. Findings on 01/13/2016: a- Live bed bugs and/ or signs of bed bugs were found present in the following resident room(s) as reported in the Steritech Report on 12/03/2015. 1- Room 118 has been treated and inspected with no visual indications of bed bugs. 2- K-9's schedules to visit the facility to inspect for bed bugs the month of the of January 2016 w/follow-up reports.	{C 166}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE